

Foster Family Home - Corrective Action Report

Provider ID: 1-140038

Home Name: Mayrose Mendoza, CNA

Review ID: 1-140038-6

3379 Likini Street

Reviewer: Jackie Chamberlain

Honolulu

HI 96818

Begin Date: 10/25/2019

Foster Family Home

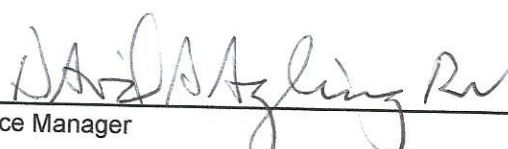
Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 3 bed certification.


Compliance Manager


Primary Care Giver

10/25/19
Date

10/25/19
Date